

**CHECK BOX if applicable**  
☒ **DUPLICATE**

Please type a plus sign (+) inside this box →

+

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(C))	11-20 =	0	x \$ 22.00 =	\$ 0
	INDEPENDENT CLAIMS (37 CFR 1.16(B))	1-3 =	0	x \$ 82.00 =	0
	MULTIPLE DEPENDENT CLAIMS (If Applicable) (37 CFR 1.16(d))			+ \$270.00 =	0
				BASIC FEE (37 CFR 1.16(a))	790
				Total of above Calculations =	790
				Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).	395
				TOTAL =	\$395

## 6. Small entity status:

- a. ☐ A small entity statement is enclosed.  
b. ☒ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.  
c. ☐ is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 16-2435 :

- a. ☒ Fees required under 37 CFR 1.16.  
b. ☒ Fees required under 37 CFR 1.17.  
c. ☐ Fees required under 37 CFR 1.18.

8. ☒ A check in the amount of \$395 is enclosed.9. ☐ Other: \_\_\_\_\_

**NOTE:** The prior application's correspondence address will carry over to this CPA  
**UNLESS** a new correspondence address is provided below.

## 10. New Correspondence Address

☐ Customer Number or Bar Code Label or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name					
Address					
City	State		Zip Code		
Country	Telephone		Fax		

## 11. Signature of Applicant, Attorney, or Agent Required

*Albert B. Kimball, Jr.*  
Albert B. Kimball, Jr., Reg. No. 25,689

Date: 3-26-98